

683

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH
 County of Navajo
 District of Lakeside
 Town of Lakeside
 or
 City of _____ (No. _____ St.; _____ Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 39Co. Register No. 42Local Registrar's No. 42

FULL NAME OF CHILD

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born NO
 Alive YES

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>6. Feb. 1921</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>John E. Fish</u>			Full Maiden Name <u>Lorana Rogers</u>		
Residence <u>Lakeside Ariz</u>			Residence <u>Lakeside</u>		
Color or Race <u>White</u> Age at last Birthday <u>28</u> (Years)			Color or Race <u>White</u> Age at last Birthday <u>24</u> (Years)		
Birthplace <u>Arizona</u>			Birthplace <u>Arizona</u>		
Occupation <u>Laborer</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>3</u>		Number of Children, of this mother, now living <u>2</u>		Were precautions taken against Ophthalmia neonatorum? _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on 2-6 1921, at 7:45 A.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Olivia Stratton
 (Attending physician, midwife, householder.)*

Given or Christian name added from a

supplemental report _____ 191_____

Address _____

Filed Mar 4 1921

A True Copy

Filed Mar 5 1921

068-206-392
 COUNTY REGISTRAR.

John P. Fish
 LOCAL REGISTRAR.
Sam Thompson
 COUNTY REGISTRAR.